

**DECLARATION AND POWER OF ATTORNEY FOR PATENT  
APPLICATION**

Attorney Docket No.:

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Cosmetic mask composition  
the specification of which:

(check one)

☒ is attached hereto

☐ was filed on

as Application Serial No.

and was amended on (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulation, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the of the application on which priority is claimed:

Prior Foreign Application(s) Priority Claimed

			Priority Claimed	
			<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, 120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Appn. Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

(Appn. Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### English Language Declaration

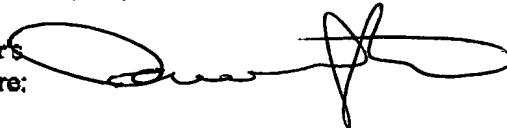
**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith and I hereby authorize them to amend this document to insert the filing date and application serial number when they become known: David A. Kalow, Reg. No. 29,397; Milton Springut, Reg. No. 27,721; John J. Santalone, Reg. No. 32,794; J. David Ellett, Jr., Reg. No. 27,875; Gary Molnar, Reg. No. 30,299; Scott D. Locke, Reg. No. 44,877; William D. Schmidt, Reg. No. 39,492; Sylvia Chiou-Tan, Reg. No. 47,324; Tor Smeland, Reg. No. 43,131; and Brian McCloskey, Reg. No. 48,255

Send Correspondence to: Milton Springut  
KALOW & SPRINGUT LLP  
488 Madison Avenue, 19<sup>th</sup> Floor  
New York, NY 10022

Direct Telephone Calls to: Milton Springut  
(212) 813-1600

Full name of (first) inventor: FORTE Riccardo

Inventor's  
Signature:



Date: 06.04.2004

Residence: I-22070 CASSINA RIZZARDI - (Como - Italy)

Citizenship: Italian

Post Office Address: Via Volta, 4 - I-22070 CASSINA RIZZARDI - (Como - Italy)

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Full name of (first) inventor: CASTIGLIONI Mauro

Inventor's  
Signature:

*Castiglioni Mauro*

Date: 06/04/2004

Residence: I-20030 LENTATE SUL SEVESO – (Milano – Italy)

Citizenship: Italian

Post Office Address: Via Aureggi, 25/A – I-20030 LENTATE SUL SEVESO – (Milano – Italy)

Applicant or Patentee: FORTE Riccardo  
Serial or Patent No.:  
Filed or Issued:  
For: Cosmetic mask composition

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS**  
**(37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled  
Cosmetic mask composition described in

( ☒ ) the specification filed herewith  
( ) application serial no. , filed on  
( ) patent no. , issued

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

\* ( ☒ ) no such person, concern, or organization  
( ) persons, concerns or organization listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME

ADDRESS

( ) Individual ( ) Small Business Concern ( ) Nonprofit Organization

FULL NAME

ADDRESS

( ) Individual ( ) Small Business Concern ( ) Nonprofit Organization

FULL NAME

ADDRESS

( ) Individual ( ) Small Business Concern ( ) Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed,

NAME OF INVENTOR

FORTE Riccardo

SIGNATURE OF INVENTOR

DATE 06.05.2004





Applicant or Patentee: CASTIGLIONI Mauro  
Serial or Patent No.:  
Filed or Issued:  
For: Cosmetic mask composition

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(37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR**

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NAME OF INVENTOR  
SIGNATURE OF INVENTOR  
DATE

CASTIGLIONI Mauro



06/04/2004